# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **August 16th through 31st, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

								OMB Approval No. 0348-0043
APPLICATION OF THE PROPERTY OF	ON FOR		2. DATE	SUBMITTED			Applicant Identifier N//	1
1. TYPE OF SUBM Application	IISSION	oplication []		RECEIVED BY			State Applicant Identifier N//	1
☐ Construction	1 -	onstruction	4. DATE	RECEIVED BY	FEDERAL AGE	ICY	Federal Identifier	'A
Non-Construct		on-Construction	AUG	3 0 20	JZ			
5. APPLICANT INF					Organization	al linit	Research and Planning Secti	on
	ornia Highway Pa		TEAF	ARING			number of person to be contacted	
Address (give city,	county, state, and zip	code): 3 P	IIL OLL	_//////	application (	give area	code)	
2555 Firs	t Avenue				Name: Ca	ptain C	hris Madigan	
Sacrame	nto, CA 95818				Phone: 91	6-657-	7237	
6 EMPLOYER IDE	ENTIFICATION NUM	BER (EIN):			7. TYPE OF	APPLIC	ANT: (enter appropriate letter i	n box) A
o. Em zorem	942257827				A. State B. Coun			Dist. Litution of Higher Learning
8. TYPE OF APPL	ICATION:				C. Munic D. Town	-	<ul><li>J. Private University</li><li>K. Indian Tribe</li></ul>	
	⊠ New	Continuation	Rev	ision	E. Inters	-	L. Individual	
	<u> </u>		_		•	nunicipal		
If Revision, enter ap	propriate letter(s) in			_	G. Spec	ial Distric	ct N. Other (Specify)	
A. Increase Awa	<b>.</b>	-	, Increase Di	uration	9. NAME OF	FEDER	AL AGENCY:	
D. Decrease Du	ration Other (s	pecify):					Department of Justic	e
						Office	of Community Oriented Pol	licing Services
		A A COLOTANCE	MIMGED.		11. DESCRI	PTIVE T	ITLE OF APPLICANT'S PROJEC	T:
10. CATALOG OF	FEDERAL DOMEST	IC ASSISTANCE	NOMBER.	<del></del> 1		•		
TITLE: 2002 In	-Car Camera Initi	1 6 .	7 1	0	In-Ca	r Video	Camera Project	
12 AREAS AFFECTE California - statew	ED BY PROJECT <i>(citie</i> ) ide	s, counties, states,	etc.):					
13. PROPOSED P	ROJECT:	14. CONGRES	SSIONAL DIS	TRICTS OF				
Start Date	Ending Date	a. Applicant	Robert T. Matte		b. Proje	ect		
8/1/2002	7/30/2003		5th Congression				In-Car Camera Ini	
15. ESTIMATED F	UNDING:						ATION SUBJECT TO REVIEW B	Y STATE EXECUTIVE
a. Federal	\$		24	48,741 .00	1	ES. THI	372 PROCESS? S PREAPPLICATION/APPLICAT CAILABLE TO THESTATE EXECU	
b. Applicant	\$			.00.		PR	OCESS FOR REVIEW ON:	TIVE ORDER 12312
c. State	s			.00.		DA	TE August 28, 2002	
d. Local \$ .00			b. NO. D PROGRAM IS NOT COVERED BY E.O. 12372					
e. Other	\$			.00.			FOR REVIEW	ت •
f. Program Income	s			.00.	17. IS 1	THE APF	PLICANT DELINQUENT ON ANY  If "Yes," attach an explanation.	FEDERAL DEBT?
g. TOTAL	s			3,741 .00	TARRY ICATION	ADE TOIL	E AND CORRECT. THE DOCUMEN	THAS BEEN DULY AUTHORIZED
18. TO THE BEST OF BY THE GOVERNING	MY KNOWLEDGE AND BODY OF THE APPLIC	BELIEF, ALL DAT ANT AND THE APP	A IN THIS APP LICANT WILL	COMPLY WITH	THE ATTACHE	D ASSUF	PANCES IF THE ASSISTANCE IS AW	7
	Authorized Represent D. O. Helmi	ative		b. Title		Commi		916-657-7152
d. Signature of Auth	norized Representative	mich						e. Date Signed

<b>APPLICATION FOR</b>				OMB Approval No. 0348-004	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED August 2	8, 2002	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name: WILLITS MENDOC	INO ASSOCIATES	, A CALIFORNIA	Organizational Unit:	RTNERSHIP	
Address (give city, county, State	, and zip code):			number of person to be contacted on matters involvin	
13 - 12th Avenue So Canyon County, Idah			this application (give a Gar-Mar Asso	rea code) ociates / Attn: Margo 530/823-9250	
6. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
5 4 2 0 6 9				N	
		····	A. State	H. Independent School Dist.  I. State Controlled Institution of Higher Learning	
8. TYPE OF APPLICATION:		П	B. County C. Municipal	J. Private University	
✓ Nev	W Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		E. Interstate	L. Individual	
		larranae e e e e e e e e e e e e e e e e e e	F. Intermunicipal	M. Profit Organization	
	crease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Partnership	
D. Decrease Duration Other	(specify):		9. NAME OF FEDERA	AL AGENCY:	
			UNITED STATES	S DEPARTMENT OF AGRICULTURE	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
		1 0 4 1 5	GATEWAY VILL	AGE - Affordable rental housing	
TITLE Divid Donto	Llausing Costion F15		apartment project	ct - 64 total units consisting of 26 2-bdrm,	
12. AREAS AFFECTED BY PR	Housing Section 515		32 3-bdrm, & 6 4	-bdrm units to be built on 5.59 acres on	
	·	1165, 616.).	the corner of Margie Count just off Monica Lane in Willits, Mendocino County, California.		
Willits, Mendocino Count	y, California		Mendocino Cour	nty, California.	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant	- 1. 11.4	b. Project	D:-4:-4 #4	
12/1/02 8/1/03	Distri	Ct #1	46 IS ADDI ICATION	District #1 SUBJECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 PI		
a. Federal	\$	125,000	V50 TU0 DD5	A DDI JOATIONIA DDI JOATIONI WAS MADE	
L A !:	   \$	00		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372	
b. Applicant	<b>3</b>	375,000		FOR REVIEW ON:	
c. State	\$	3,865,313	DATE		
d. Local	\$	00	- DATE	443 143 143 143 143 143 143 143 143 143	
		1,000,000		AM IS NOT COVERED BY E. O. 12372	
e. Other	\$	1,000,000	FOR RE	GRAM HAS NOT BEEN SELECTED BY STATE VIEW	
f. Program Income	\$	0.00	47 IS THE ADDITION	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	6,365,313 <sup>°</sup>	1	attach an explanation.	
AO TO THE DEST OF MY KING				TION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE GO	OVERNING BODY OF TH	E APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Re	presentative	b. Title		c. Telephone Number	
Caleb Roope, Manager of		General Partner		(208) 461-0022	
d. Signature of Authorized Repr	esentative		G F I W E	e. Date Signed	
Previous Edition Usable		<del></del>	S F F F F	Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproducti	on	llnll		Prescribed by OMB Circular A-102	
·		TUUT AL	IG 2 9 2002		
		1	16 <b>2 9</b> 2002		
		No service and the service and	The Control of the Co		
		STATE OF	EARING HOU		
		11 600	<u>-Lanina Hoo</u>	SE	

APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED August 2	7, 2002	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application  Construction  Non-Construction	Preapplication  Construction  Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION	Non-construction	1		
Legal Name:	OF 40000MTEC	A CALIFORNIA	Organizational Unit:	TNEDCHID
	CE ASSOCIATES	, A CALIFORNIA		number of person to be contacted on matters involving
Address (give city, county, State,			this application (give a	rea code)
13 - 12th Avenue Sou Canyon County, Idah			Gar-Mar Asso	ociates / Attn: Margo 530/823-9250
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University
	<del></del>		D. Township E. Interstate	K. Indian Tribe L. Individual
If Revision, enter appropriate lett	er(s) in box(es)		F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Partnership
D. Decrease Duration Other(	specify):		9. NAME OF FEDERA	AL ACENCY.
				S DEPARTMENT OF AGRICULTURE
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	IMPED.	11 DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL D	UMESTIC ASSISTANCE N	1 0 - 4 1 5		APARTMENTS - Affordable rental
				ent project - 60 total units consisting of 24
TITLE: Rural Renta	Housing Section 515	(RRH-515)	2-bdrm, 28 3-bdi	rm, & 8 4-bdrm units to be built on 6.1
12. AREAS AFFECTED BY PRO		ates, etc.):		d Highway 53 in Clearlake, Lake County,
Clearlake, Lake County, (	California		California.	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a. Applicant Distri	at #1	b. Project	District #1
12/1/02 10/1/03 15. ESTIMATED FUNDING:	Distri	Cl # I	16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FORDING.			ORDER 12372 PI	
a. Federal	\$	425 000		
		125,000	<b>i</b>	APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$	375,000	1	FOR REVIEW ON:
c. State	\$		1	
		4,220,380	DATE	
d. Local	\$	1,000,000		AM IS NOT COVERED BY E. O. 12372
e. Other	\$	775,000	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE VIEW
f. Program Income	\$	.00	47 IC THE ADDI ICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	6,495,380	1	attach an explanation.
A TO THE DESCRIPTION OF ANY INCOME.	i		CATION/DREADELICA	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE G	OVERNING BODY OF TH	HE APPLICANT AND T	THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Re Caleb Roope, Manager of	presentative	b. Title General Partner		c. Telephone Number (208) 461-0022
d. Signature of Authorized Repr		In E	GEIV	e. Date Signed
Previous Edition Usable				Standard Form 424 (Rev. 7-97)
Authorized for Local Reproducti	on	IInli		Prescribed by OMB Circular A-102
Authorized for Local Reproducti	-···	. [111] ,	AUG 2 9 2002	
			- 4 23412	
		CTATE	015	
		<u>LOTATE</u> (	CLEARING HO	TISE
				USE

22:50

						OMB Approval No. 0348-0043	
APPLICATION	ON FOR	2. D/	ATE SUBMITTED		Applicant Identifier		
FEDERAL A	SSISTANCE	08/	08/28/2002		SBAHQ-01-Y-0150		
. TYPE OF SUBMISSI Application	ON: Preapplication	3. 0/	ATE RECEIVED B	Y STATE	State Application Identifier		
Construction	Constructi	on 4. D/	ATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Cons	truction			1.7029.1032A		
. APPLICANT INFORM	MATION			Organizational Unit:			
egal Name: The New Americ	a Foundation			Same			
Address (give city, cour	ity, state, and zip code):			Name and telephone application (give are	number of the person to be confi a code)	lacted on matters involving this	
2974 Adeline Str Berkeley, CA 94				Sylvia Rosales	-Fike (510)540-7785		
EMPLOYER IDENTI	FICATION NUMBER (E	IN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter in	bax) N	
9 4 B. TYPE OF APPLICAT	- 3 3 4 2	6 5 8	Revision	A. State B. County C. Municipal	H. Independent S I. State Controlle J. Private Univers	ichool Dist. Id Institution of Higher Learning	
M Davísion enter anno	priate letter(s) In box(es	Continuation		D. Township E. Interstate	K, Indian Tribe L. Individual		
A. Increase Award	B. Decrease Awai		se Duration	F. Intermunicipa		ation ): Non-Profit Organization	
D. Decrease Duratio				9. NAME OF FEDER			
				U.S. Sm	all Business Administrat	ion	
10. CATALOG OF FEE	DERAL DOMESTIC				TITLE OF APPLICANT'S PROJE		
ASSISTANCE NUI	MBER:	5 9 - 0	0 4 9	Assets 2000 V	'irtual Business Incubato Technical Assistance Co	mpo <b>nents)</b>	
	terprise PRIME	and the state of		(Trailing and			
	o by project <i>(die</i> s, Dakland, Berkeley						
Salt Francisco,						AUG 28 100	
13. PROPOSED PRO		4. CONGRESSIONA	L DISTRICTS OF		b. Project		
Start Date		. Applicant			7. 8, & 10	STATE CLEARING	
09/30/2002	09/29/2003	) . 				ADDED (ACT) ODOCESS?	
15. ESTIMATED FUN a. Federal	DING:	78,556.00			REVIEW BY STATE EXECUTIVE	VAILABLE TO THE STATE EXECUTIVE	
a. i odciel			ORDE	R 12372 PROCESS FO	OR REVIEW ON:		
b. Applicant	s	.00.	DATE	08/28/2002			
c. State	\$	.00.	b. NO. <b>F</b>	PROGRAM IS NOT	COVERED BY E.O. 12372		
d. Local	s	.00	_		S NOT BEEN SELECTED STATE	FOR REVIEW	
e. Other	\$	39,278.00	- 	<b>J</b>			
f. Program Income	s	.00			ON ANY FEDERAL DEBT?	√ No	
g. TOTAL	\$	117,834.00	YES	If "Yes," attach an ex	spandion.	E)***	
18. TO THE BEST OF	MY KNOWLEDGE AND	BELIEF, ALL DATA	IN THIS APPLICAT	ION/PREAPPLICATION	N ARE TRUEAND CORRECT, TH	IE DOCUMENT HAS BEEN DULY S IF THE ASSISTANCE IS AWARDED.	
	GOVERNING BODY OF Authorized Represents		NU INCAPPLICA	b. Tide	The second secon	c. Telephone number	
Sylvia Rosales-				President		(510) 540-7785	
	horized Representativ					e. Date Signed	
AL			the /			08/28/2002 Standard Form 424 (Rev. 7-97)	

a. rederar	1.3		
		907,675	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
b. Applicant E G E	P V E	.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
c. State	\$	.00	
		75,025	DATE August 23, 2002
d. Local       AUG 2	\$ AUL -	.00	
ШШ		206,800	b. No. PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	IS THOUGH	.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE
CTATE CLE	ARING HOUSE		FOR REVIEW
f. Program Income I L ULLI	131110	,00	
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	.00	
		1,189,500	Yes If "Yes," attach an explanation.
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	ALL DATA IN THIS APPLIC	CATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
ATTACHED ASSURANCES IN	Y AUTHORIZED BY THE	E GOVERNING BODY OF TH	HE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

ASSISTANT City Manager

Previous Edition Usable

TO SECTION 301 OF THE CITY CHARTER.

EXECUTED PURSUANT

Standard Form 424 (Rev. 7-97)

c. Telephone Number (562) 570-7150

e. Date Signed

LUB

Henry Taboada

a. Type Name of Authorized Representative

d. Signature of Authorized Representative

macasque

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

APPLICATION FOR FIDERAL ASSISTANCE		. DATI	E SUBMITTED J	uly 31,2002	icant Identifier
[] Construction [] Construction [X] Non-Construction [] Non Construction				SETE FEDERAL AGENCY	State Application Identifier  Federal Identifier A-009019-03-0
					redefal identifier A-0090 19-03-0
5. APPLICANT INFORM	ATION C	STATE	CLEARING		
Legal Name: Santa Barb	ara County Air Pollution C	ontrol Dis	trict	Organizational Unit: Air	
Address (give city, count 26 Castilian Drive, B-23 P O Box 8120 Goleta, CA 93118				Name and telephone nur involving this application John M. Nicholas, (80	
6. EMPLOYER IDENTIFI	CATION NUMBER (EIN):	[7][7]_[0]	121181141141161171	7. TYPE OF APPLICAN	T: (enter appropriate letter in box) [B]
8. TYPE OF APPLICATION: [X] New [] Continuati  If Revision, enter appropriate letter(s) in box(es): [] []				B. Countyl. State Control C. Municipal J. P. D. Township K. Ir E. Interstate L. In	ndependent School Dist.  Illed Institution of Higher Learning rivate University Indian Tribe Idividual  Profit Organization  Other (specify):
A. Increase Award B. Decrease Award C. Increa D. Decrease Duration Other (specify):			oo baraaan		AGENCY: Environmental Protection Agency
10. CATALOG OF FEDERAL DOMESTIC [ ASSISTANCE NUMBER: TITLE: Air Pollution Control Program			6][ 6]-[ 0][ 0][ 1]	11. DESCRIPTIVE TITL Air Pollution Program	E OF APPLICANT'S PROJECT:
12. AREAS AFFECTED Santa Barbara County	BY PROJECT (cities, cour	nties, stat	tes, etc):		
13. PROPOSED PROJE	CT:	14. CC	NGRESSIONAL [	DISTRICTS OF:	
Start Date 10-01-02	Ending Date 09-30-03	a. App San	olicant ta Barbara County		b. Project Santa Barbara County
15. ESTIMATED FUNDIN	NG:		16. IS APPLICA PROCESS?	a D b	EW BY STATE EXECUTIVE ORDER 12372  I. YES:THIS PREAPPLICATION/APPLICATION WAS ATE  D. NO: 1 OR PROGRAM HAS NOT BEEN SELECTED BY
a. FEDERAL	\$	771,575			
b. APPLICANT	\$ 3,:	368,161			
c. STATE	\$	103,000			
d. LOCAL	\$	.00			
e. OTHER	\$	.00			NAME OF THE OFFICE OF THE OFFI
f. PROGRAM INCOME	\$	.00	17. IS THE APF	PLICANT DELINQUENT OF "YES" ATTACH AN EXPL	N ANY FEDERAL DEBT? ANATION. [X] NO.
g. TOTAL	\$ 4,3	242,736			
DOCUMENT HAS BEEN	IY KNOWLEDGE AND BE I DULY AUTHORIZED BY CES IF THE ASSISTANCE	THE GO	VERNING BODY	APPLICATION/PREAPPLI OF THE APPLICANT AND	ICATION ARE TRUE AND CORRECT. THE  THE APPLICANT WILL COMPLY WITH THE
a. Typed Name of Auth	orized Representative / Nicholas	b. Ti		Manager	c. Telephone number (805) 961-8854
d. Signature of Authoriz	ed Representative				e. Date Signed 7/31/05

Previous Editions Not Usable

Standard Form 424 (REV 4-88)

				3	32658	OMB 4	
APPLICAT			2. DATE SUBMITTED		Applicant Identifier	OMB Approval No. 0348-004	
FEDERAL		NCE				DEGE IVE	
1. TYPE OF SUB! Application		<sup>p</sup> reapplication	3. DATE RECEIVED	BY STATE	State Applicant Identifier		
☐ Construction	·   [	] Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	HH AUG 2 6 2002	
Non-Constru	iction [	Non-Construction			- Constant		
5. APPLICANT INFO	5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER				YES NO FYER LIST AD	RONY	
Legel Name:				Organizational Unit:		STATE CLEARING HU	
Regents o	f the Un	iversity of	California	School of S	ocial Ecology	Walter See See See See See See See See See S	
Address (give city,	COUNTY, SIBILE, MAIL	اند <i>ن وند نوند نوند نوند نوند نوند</i> s Administration		Name and telephone	and E-mail number of the co	rson to be contacted an matters involving	
University of C CA 92697-76	alifornia, Irvin			Pi: OGUNSEIT	AN, Cladele Abiola-949324		
8. EMPLOYER IDENT	FICATION NUMBE	R (FM)-					
9	5 - 2	2 2 6 4	06	Ī	T: (order appropriate letter in b	ox)	
LY		16 6 0 14	1010	A. State  B. County	H. Independent Sci		
8. TYPE OF APPLI	CATION:			C. Municipal	I. State Controlled  J. Private Universit	I Institution of Higher Learning	
	☑ New	☐ Continuation	D Revision	D. Township	K. Indian Tribe	,	
				E. Interstate F. Intermunicipal	L. Individual M. Profit Organizati		
If Revision, enter app				G. Special District			
A. Incresse Awar  D. Decresse Duri			rease Duration				
O. Doctors Out	MARIT OTHER	(specify):		8. NAME OF FEDERAL	AGENCY:		
					vironmental Protection	Agency - ORD - NCER	
10. CATALOG OF FED ASSISTANCE NUN		<b>8</b> 6 .	5 0 O		OF APPLICANT'S PROJECT:	and the state of t	
TITLE: 2002-8T	AD			Towarde Unloade	i Financal a Danata a com		
				Environmental Bet	relectionic Products: Car Daviora Under Lead-Erea	imperative Assessment of Corporate Initiatives and Regulations.	
12. AREAS AFFECTED	AY PROJECT (CIL	ies, spundes, states, etc.);			Identity Official Community	minerives and requisions.	
Irvine, Orange C	county, Califor	rnia					
13. PROPOSED PROJE	CT:	14. CONGRESSIONAL	DISTRICTS OF				
Start Date	Ending Date	a, Applicant	on the of		Project		
July 2003	June 2006	47		•	Flojeci		
15. ESTIMATED TOTAL	PROJECT FUNDIN	9:	14 IS APPLICATION	N SUBJECT TO REVIEW B	Y STATE EXECUTIVE ORDER 1		
a. Federal	\$	144,963 .00	N. YES. THIS	PREAPPLICATION/AP	PLICATION WAS MADE AV R 12372 PROCESS FOR RE	All ADIE TO THE	
b. Applicant	\$	.00	DATE	:			
c. State		.00	Eaxed 8/26/02				
d. Local	•	.00.			BEEN SELECTED BY STAT	E FOR DOUBLE	
Other	5	.00			STATE OF STATE	E FOR REVIEW	
f. Program (recome	s	.00.	17. IS THE APPLICA	NT DELINQUENT ON ANY	PEDERAL DERTY		
, TOTAL	\$	144,963 .00	Yes H	i "Yes," attech en explan	alion.	₩0	
8. TO THE BEST OF MY	KNOWLEDGE AND	BELIEF, ALL DATA IN THE	8 APPLICATION/PREA	PPLICATION ARE YELD A	ND CORRECT, THE DOCUMEN		
		THE ART COUNTY AND IN	E APPLICANT WILL CO	OMPLY WITH THE ATTACH	ND CORRECT, THE DOCUMEN IED ABBURANCES IF THE ABSI	STANCE IS AWARDED	
<ul> <li>Typed Name of Aum Michelle Nelson</li> </ul>	orzed Represent	ative	b.	Title		c. Telephone number	
. Signature of Authoriza	ed Representative			Grant Officer		949-824-8109	
£ 1000	Land	2- Kan	MICHELLE	NELSON	•	e. Date Signed	
Previous Editions Not U	Num	J 101	GRANTS O	FFICER		18/26/02	
Presented by CMB Cim		U				Stendard Form 424 (REV 4-An)	

OMB Approval No. 0348-0043 **APPLICATION FOR** 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 08/20/2002 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: San Bernardino County Medical Society Medical Reserve Corps for San Bernardino County, CA Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application (give area code) 952 So. Mt. Vernon Ave., Suite C Linda Stratton (909) 825-6526 Colton, CA 92324 San Bernardino County 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) N 9 5 - 1 8 7 8 9 0 3 State Independent School Dist. 8. TYPE OF APPLICATION: County State Controlled Institution of Higher Learning V New Revision Continuation C. Municipal J. Private University Indian Tribe D. Township K. If Revision, enter appropriate letter(s) in box(es): E. Interstate Individual Profit Organization F. Intermunicipal M. A. Increase Award B. Decrease Award C. Increase Duration Other (Specify): Non profit organization Special District D. Decrease Duration Other (specify): 9. NAME OF FEDERAL AGENCY: Dept of Health Services, Office of Public Health & Science, Office of 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: The San Bernardino County Medical Society will develop a local Medical Reserve Corps Unit to assist medical response professionals and facilities during large-scale local emergencies. TITLE: Medical Reserve Corps Demonstration Project - Small The MRC will serve as a supplement to existing public response 12. AREAS AFFECTED BY PROJECT (cities, countles, states, etc.): systems, providing volunteers who are trained to function The most population dense area of San Bernardino County. effectively in emergency situations. Volunteer roles may vary, but the largest geographic county in the nation, spanning over shall include direct patient care, assessment, triage, counseling, 20,000 square miles to the Nevada and Arizona borders. support and management activities. 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 09/30/2002 09/29/2003 40th & 42nd 40th & 42nd 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: 50,000.00 a. Federal YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant \$ 30.350.00 DATE <u>08</u>/20/2002 AUG 2 6 2hn2 \$ .00 c. State NO. PROGRAM IS NOT COVERED BY E.O. 12372 d Local \$ .00 TE OLEATING OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW s .00 e. Other 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? .00 f. Program Income V No YES If "Yes." attach an explanation. 80,350.00 g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY

AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Tratton

**Executive Director** 

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Linda Stratton

a. Typed Name of Authorized Representative

Signature OP Authorized Representative

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

c. Telephone number

(909) 825-6526

**Date Signed** 





**U.S. Department of Transportation** 

**Federal Transit Administration** 

### **Application for Federal Assistance**

Recipient ID:	1695
Recipient Name:	GOLDEN EMPIRE TRANSIT DISTRICT
Project ID:	CA-90-Y181-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Capital assistance

### Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y181-00
Project Description:	Capital assistance
Recipient Type:	Other Governmental Organization
FTA Project Mgr:	
Recipient Contact:	Steve Woods
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	None Specified
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Oct. 01, 2002 - Dec. 31, 2003
Recvd. By State:	
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Aug. 19, 2002
Program Page:	
Application Type:	Electronic

Gross Project Cost:	\$4,386,600
Adjustment Amt:	\$0
Total Eligible Cost:	\$4,386,600
Total FTA Amt:	\$3,545,533
Total State Amt:	\$0
Total Local Amt:	\$841,067
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	30-Sep-2002
Pre-Award Authority?:	No
Fed. Debt Authority?:	No AUG 2 0 2002
Final Budget?:	No

Supp. Agreement?:	No
Debt. Delinq. Details:	

#### **Urbanized Areas**

UZA ID	UZA Name	
69530	BAKERSFIELD, CA	Access to the second se

#### **Congressional Districts**

	State ID	District Code	District Official
-	6	20	Calvin M Dooley

#### **Project Details**

Capital assistance to purchase 5 paratransit vehicles equipped with wheel chair lifts. Purchase paratransit reservation and scheduling software upgrades and hardware. Procure an electric generator for CNG compression and several other capital items detailed in the milestone schedule. Preventive maintenance expenses procured are part of this application.

If there any questions or concerns please contact me. We appreciates FTA's best efforts to expedite this project and shall be available if/when any information is needed.

Steve Woods

### Part 3: Budget

**Project Budget** 

Toject budget			
	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	3	\$192,000	\$240,000
ACTIVITY			
11.12.04 BUY REPLACEMENT <30 FT BUS	3	\$192,000	\$240,000
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	6	\$2,977,280	\$3,721,600
ACTIVITY			
11.42.07 ACQUIRE - ADP HARDWARE	1	\$56,000	\$70,000
11.42.08 ACQUIRE - ADP SOFTWARE	1	\$56,000	\$70,000
11.42.11 ACQUIRE - SUPPORT VEHICLES	1	\$32,000	\$40,000
11.44.01 REHAB/RENOVATE - ADMINISTRATIVE FACILITY	1	\$400,000	\$500,000
11.44.02 REHAB/RENOVATE -	1	\$7,200	\$9,000

MAINTENANCE FACILITY			
11.44.05 REHAB/RENOVATE - YARDS AND SHOPS	1	\$52,800	\$66,000
11.7A.00 PREVENTIVE MAINTENANCE	0	\$2,293,280	\$2,866,600
11.43.05 CONSTRUCT - YARDS AND SHOPS	0	\$80,000	\$100,000
SCOPE			
116-00 SIGNAL & COMM EQUIPMENT (BUS)	0	\$376,253	\$425,000
ACTIVITY			
11.62.01 PURCHASE CONTROL/SIGNAL EQUIP	0	\$376,253	\$425,000
·			
	Estimated	Total Eligible Cost:	\$4,386,600
		Federal Share:	\$3,545,533
		Local Share:	\$841,067

### OTHER (Scopes and Activities not included in Project Budget Totals)

#### None

### No Amendment Funding Source information is available for the selected project

### **Alternative Fuel Codes**

11.12.04	11.12.04 BUY REPLACEMENT < 30 FT BUS Compressed Natural Gas	
11.44.05	REHAB/RENOVATE - YARDS AND SHOPS	Compressed Natural Gas
11.43.05	CONSTRUCT - YARDS AND SHOPS	Compressed Natural Gas

### **Extended Budget Descriptions**

11.42.07	ACQUIRE - ADP HARDWARE	1	\$56,000	\$70,000	
Acquire two software.	servers and related peripheral items to provide	new software for	r paratransit opera	tions and	
11.42.08	ACQUIRE - ADP SOFTWARE	1	\$56,000	\$70,000	
Acquire soft available. Th	Acquire software for paratransit reservations and scheduling. Our current version is obsolete and upgrades are available. This is a sole source procurement. The upgrade is from the original provider.				

..........

11.42.11	ACQUIRE - SUPPORT VEHICLES	1	\$32,000	\$40,00
Acquire a h	eavy duty trash collection truck to keep bus stops and term	ninals cle	ean.	
11.44.01	REHAB/RENOVATE - ADMINISTRATIVE FACILITY	1	\$400,000	\$500,00
GET`s admi	inistrative building is over 20 years old and we have explain	ned hev	and its canacity. Re	
optimize ou	r existing space and to add more square footage for future	growth.	ond ito dapacity, re	zmodeling can
11.44.02	REHAB/RENOVATE - MAINTENANCE FACILITY	T 1	\$7,200	\$9,00
	THE WATER WATER WATER AND EATER		Ψ7,200	φ9,000
GET reques safety GET	ts funding to remove (fill in) a maintenance pit. Currently the would rather fill it in.	ne pit is	covered with steel	grads. For
11.44.05	REHAB/RENOVATE - YARDS AND SHOPS	1	\$52,800	\$66,000
Relocal our	diesel bus pumps from the fuel island to the diesel fuel tan	ks.		
11.7A.00	PREVENTIVE MAINTENANCE	0	\$2,293,280	\$2,866,600
This is for G	ET`s fiscal year 2001-02.			
11.43.05	CONSTRUCT - YARDS AND SHOPS	0	\$80,000	\$100,000
Append FTA facility. Initia	grant CA-90-Y093, for additional funding for adding a election of the stimates were about \$400,000. However revised estimates	ctrical co tes indic	emopressor for the ate a larger budge	CNG fueling t is needed.
11.62.01	PURCHASE CONTROL/SIGNAL EQUIP	0	\$376,253	\$425,000

# **Changes since the Prior Budget**

Unable to find change amount information.

### Part 4. Milestones

11.12.04 BUY REPLACEMENT < 30 FT BUS

3 \$192,000

\$240,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB OUT FOR BID	Jun. 15, 2002
	GET has a contract with Sunset Bus and Commercial and there is an option for five more buses. If grant is approved, GET shall exercise the option. The dates above are from the current contract.	
2.	CONTRACT AWARDED	Aug. 15, 2002
3.	FIRST VEHICLE DELIVERED	Dec. 15, 2002
4.	ALL VEHICLES DELIVERED	Jan. 31, 2003
5.	CONTRACT COMPLETE	Feb. 28, 2003
1.42.07	ACQUIRE - ADP HARDWARE 1 \$56,0  Milestone Description	500 \$70,000 Est. Comp. Date
1.	RFP/IFB Issued	
2.	Contract Award	Sep. 15, 2002 Nov. 15, 2002
3.	Contract Complete	Dec. 31, 2002
1.42.08	ACQUIRE - ADP SOFTWARE 1 \$56,0	900 \$70,000
	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Sep. 30, 2002
1.	RFP/IFB Issued  This paratransit software procurement is an upgrade from older software. If there are other competitors who are as cost effective as the upgrade, GET shall issue an RFP.	Sep. 30, 2002
	This paratransit software procurement is an upgrade from older software. If there are other competitors who are as cost effective as the upgrade, GET	
,	This paratransit software procurement is an upgrade from older software. If there are other competitors who are as cost effective as the upgrade, GET shall issue an RFP.	
2.	This paratransit software procurement is an upgrade from older software. If there are other competitors who are as cost effective as the upgrade, GET shall issue an RFP.  Contract Award	Oct. 31, 2002 Dec. 31, 2002

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Nov. 15, 2002
	Purchase a small dump style truck to handle trash collection and dumping.	
2.	Contract Award	Jan. 15, 2003
3.	Contract Complete	Mar. 15, 2003

# **11.44.01** REHAB/RENOVATE - ADMINISTRATIVE 1 FACILITY

\$400,000 \$500,000

	Milestone Description	Est. Comp. Date
1		
,	, , , , , , , , , , , , , , , , , , , ,	I i

1	RFP/IFB Issued	Oct. 15, 2002
	Remodel plans are complete and funded with local funding. The bid documents are being completed and GET shall issue a RFP as specified above. Given the scope of the project, it shall take approximately 6 months to complete.	
2	Contract Award	Dec. 15, 2002
3	Contract Complete	Jun. 30, 2003

# **11.44.02** REHAB/RENOVATE - MAINTENANCE FACILITY

\$7,200

\$9,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Jan. 15, 2003
	Fill in a hoist pit currently covered with a steel grad.	
2.	Contract Award	Feb. 15, 2003
3.	Contract Complete	Mar. 15, 2003

#### 11.44.05 REHAB/RENOVATE - YARDS AND SHOPS

\$52,800

1

\$66,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Oct. 30, 2002
	Relocal the Diesel fueling pumps closer to the storage tanks. This will allow the remaining diesel buses to be filled at another location and allowing faster CNG fueling.	
2.	Contract Award	Dec. 15, 2002
3.	Contract Complete	Feb. 15, 2003

#### 11.43.05 CONSTRUCT - YARDS AND SHOPS

0

\$80,000 \$100,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Feb. 25, 2003
2.	Contract Award	Mar. 29, 2003
3.	Contract Complete	May. 24, 2003

#### 11.62.01 PURCHASE CONTROL/SIGNAL EQUIP

0 \$376,253

\$425,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Jun. 18, 2001
2.	Contract Award	Dec. 18, 2001

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3. Contract Complete

Jun. 08, 2003

### Part 5. Environmental Findings

111204 BUY REPLACEMENT < 30 FT BUS

3

\$192,000

\$240,000

Finding No. 1 - Class II(c)

C17 - Purchase of vehicles

The purchase of vehicles by the applicant where the use of these vehicles can be accommodated by existing facilities or by new facilities which themselves are within a CE.

114207 ACQUIRE - ADP HARDWARE

1

\$56,000

\$70,000

Finding No. 1 - Class II(c)

C19 - Install purchase maintenance equipment

Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

114208 ACQUIRE - ADP SOFTWARE

1

\$56,000

\$70,000

Finding No. 1 - Class II(c)

C19 - Install purchase maintenance equipment

Purchase and installation of operating or maintenance equipment to be located within the transit facility and with no significant impacts off the site.

### Part 6: Fleet Status

#### **Fixed Route**

		Before	Change	After
I.	Active Fleet			
	A. Peak Requirement	65	0	65
	B. Spares	14	0	14
	C. Total (A+B)	79	0	79
	D. Spare Ratio (B/A)	21.54%	0.00%	21.54%
II.	Inactive Fleet			

View Print Page 8 of 8

	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	79	0	79

### **Paratransit**

		Before	Change	After
I.	Active Fleet			
	A. Peak Requirement	11	0	11
	B. Spares	2	1	3
	C. Total (A+B)	13	1	14
	D. Spare Ratio (B/A)	18.18%	0.00%	27.27%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	13	1	14

### Part 7. FTA Comments

No information found.

### Part 8: Results of Reviews

The reviewer did not find any errors

APPLICATION	FOR			· · · · · · · · · · · · · · · · · · ·	MB Approval No. 0348-0043
FEDERAL ASS		2. DATE SUBMITTED 08/22/2002		Applicant Identifier	
TYPE OF SUBMISSION:     Application     Construction	Preapplication  Construction	3. DATE RECEIVED B 08/23/2002	BY STATE	State Application Identifier	
Non-Construction	Non-Construction	4. DATE RECEIVED B 08/23/2002	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		1 00,20,000		L	
Legal Name:			Organizational Unit:		****
	ot of Health & Human	Services	Department of	Health and Human Service	es
Address (give city, county, st			Name and telephone application (give area	number of the person to be contact a code).	ted on matters involving this
20 N. San Pedro Roa San Rafael, CA 9490	•		Liz Rottger, Dir (415) 499-7396	rector, Division of Aging S	
6. EMPLOYER IDENTIFICATION 9 4 -		9		ANT: (enter appropriate letter in bo	B
8. TYPE OF APPLICATION:  If Revision, enter appropriate  A. Increase Award	· · · · · · · · · · · · · · · · · · ·	tion Revision C. Increase Duration	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipa	J. Private University K. Indian Tribe L. Individual II M. Profit Organizatio	nstitution of Higher Learning
D. Decrease Duration	Other (specify):		9. NAME OF FEDER	, , , ,	
			Office of Minori	ty Health, Office of Public	Health and Science
10. CATALOG OF FEDERAL ASSISTANCE NUMBER				TILE OF APPLICANT'S PROJECT	•
TITLE: Pending			Marin County N	Medical Reserve Corps Pro	Algorithms to the second secon
	DDG ISOS ( "		4		
12. AREAS AFFECTED BY County of Marin, Cal	ifornia and all cities th	•			AUG 2 6 2
13. PROPOSED PROJECT:	14. CONGRI	SSIONAL DISTRICTS OF	:		I we want to make form how to be a many or to be the
Start Date En	ding Date a. Applicar	t		b. Project	militarytas program und dark valletana program und dark valletana et et en
09/30/2002 09/	29/2003 6th Cong	essional District		6th Congressional Dist	rict
15. ESTIMATED FUNDING:		16. IS APPLICA	ATION SUBJECT TO RE	EVIEW BY STATE EXECUTIVE OR	DER 12372 PROCESS?
a. Federal \$	50		HIS PREAPPLICATION R 12372 PROCESS FOR		ABLE TO THE STATE EXECUTIVE
b. Applicant \$		.00 DATE	08/22/2002		
c. State \$		.00 b. NO.	PROGRAM IS NOT O	COVERED BY E.O. 12372	
d. Local \$		.00		NOT BEEN SELECTED STATE FO	R REVIEW
e. Other \$		.00	-		
f. Program Income \$		.00 17. IS APPLICA	ATION DELINQUENT C	ON ANY FEDERAL DEBT?	✓ No
g. TOTAL \$	5	,000.00			
				ARE TRUE AND CORRECT, THE DOTTE ATTACHED ASSURANCES IF	
a. Typed Name of Authori			b. Title		c. Telephone number
Steve Kinsey			2nd Vice Presi	dent	(415) 499-3092
d. Signature of Authorized	Representative	insur			e. Date Signed
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Prescribed by OMB Circular A-102

APPLICATION FOR							
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applic	cation Identifier		
	Preapplication						
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Idea	ntifier ·		
Non-Construction	Non-Construction	T. DAIL RECLIVED DI	I EDEIGNE MOEING!				
5. APPLICANT INFORMATION		1		J			
Legal Name:			Organizational Unit:	<del></del>			
County of San Mateo	Service Area No	11	Department o	f Public \	Norks		
					rson to be contacted on matters invol	lvi	
Address (give city, county, State, a			this application (give a		13011 to be deliteded on materia arres	•	
555 County Center, 5t			Walter Callah				
Redwood City, CA 94	063	•	(650) 599-141				
6. EMPLOYER IDENTIFICATION	NUMBED (EIN)				opropriate letter in box)		
			7. 11. 2 01 74. 12.0		B		
94-6000	3 2 .		A. State	H. Independ	ient School Dist.		
B. TYPE OF APPLICATION:			B. County		trolled institution of Higher Learning		
			C. Municipal	J. Private Ur			
✓ New	Continuation	Revision	D. Township	K. Indian Tri	-		
If Revision, enter appropriate letter	r(s) in box(es)		E. Interstate	L. Individual			
The state of the s	.(0) 20(05)		F. Intermunicipal	M. Profit Org	ganization		
A. Increase Award B. Decre	ease Award C. Increase	Duration	G. Special District	N. Other (Sp	pecify)		
D. Decrease Duration Other(sp	pecify):	•					
			9. NAME OF FEDERA	AL AGENCY:			
			U. S. Departmen	t of Agricul	ture		
10. CATALOG OF FEDERAL DOI	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
		10-760	Installation of Pro	duction W	ell to provide drinking water		
			for the Town of P		Married San	Dow/coops	
TITLE: Water and Wa	aste Disposal Loan ar	nd Grant Program				enterprise and the second	
12. AREAS AFFECTED BY PROJ	JECT (Cities, Counties, Stat	tes, etc.):				- Applications	
Town of Pescadero	· .		,		AUG 2 3 2002	Democropero sento	
13. PROPOSED PROJECT 1	14. CONGRESSIONAL DIS				STATE OLEARING HOUSE	Transcription of the second	
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6/1/03 10/1/03	Anna E				a Eshoo		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	O REVIEW BY STATE EXECUTIVE		
		· .	ORDER 12372 PR	OCESS?			
a. Federal	\$	200,000					
· .		200,000			I/APPLICATION WAS MADE		
b. Applicant	\$	50,000	AVAILABLE TO THE STATE EXECUTIVE ORDER 123 PROCESS FOR REVIEW ON:				
c. State	\$	00	DATE				
d. Local	\$	.06					
		` `			OVERED BY E. O. 12372		
e. Other	\$	.00			OT BEEN SELECTED BY STATE		
			· FOR REV	IEW	· .		
f. Program Income	\$	.00					
			17. IS THE APPLICAN	IT DELINQUE	ENT ON ANY FEDERAL DEBT?		
g. TOTAL	5	250,000	Yes If "Yes," a	ttach an exp	lanation. 🔽 No		
18. TO THE BEST OF MY KNOW!	EDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TION/PREAPPLICAT	ON ARE TRI	UE AND CORRECT, THE		
DOCUMENT HAS BEEN DULY A	LITHORIZED BY THE GOV	VERNING BODY OF THE	APPLICANT AND TH	E APPLICAN	IT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF TH			<del> </del>				
a. Type Name of Authorized Repre		b. Title		c. Telephone	Number		
Neil R. Cullen	001111111111	Director of Public W	i	(650) 363-			
d. Signature of Authorized Represe				e. Date Signe	ed /	_	
	1/4///	all			121/02		
Previous Edition Usable	0 10			Sta	andard Form 424 (Rev. 7-97)		

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		DEGELVED	0240 0042
PPLICATION FOR		OWB Approval No. (	0345-0043
EDERAL ASSISTAL	NCE 2. DATE SUBMITTED	1 6, 2002 AU Applicant Identifier	
	Augus 3. DATE RECEIVED		
TYPE OF SUBMISSION:	3. DATE RECEIVED		
Application Construction	Preapplication Construction 4. DATE RECEIVED	BY FEDERAL AGENCS LEGISLING HOUSE	
Non-Construction	Non-Construction		
egal Name: A C . \	O I To Holland	Organizational Unit: 90 C Dro Drictors WI	
AIRCA	aurcheme frog Hollow Fo	Name and telephone number of person to be contacted on mane	ers involving
Address (give city, county, Stale		this application (give area code) Rebecca Smitt	)
ILAZE BENTU	0000 101000	5	
EXENTIONAL, CON EXEMPLOYER IDENTIFICATION	Mracosta Willy, on 1737	7. TYPE OF APPLICANT: (enter appropriate letter in box)	
914-2850	0289	A State H. Independent School Dist.	
	3-14-1	B. County I. State Controlled Institution of Higher Le	eaming
B. TYPE OF APPLICATION:	Continuation Revision	C. Municipal J. Private University D. Township K. Indian Tribe	
7		E. Interstate L. Individual	
If Revision, enter appropriate le		F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
M. Incidaso / mais	ecrease Award C, Increase Duration		
D. Decrease Duration Othe	r(specify):	9. NAME OF FEDERAL AGENCY:	l
		V9DA Rural Developmen	
	DOMESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	-11540
10. CATALOG OF FEDERAL	10-A0	5 6 single-tamily straubale and	ening
614/F	Ella Farmlator Horaina Ao	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  5. Single-tamily attawaded with a strawaded with the straward of the straward o	4
12. AREAS AFFECTED BY P	ROJECT (Citles, Countles, States, etc.):		
Branks of Blyon	1, East Contra Costa County C	alitoria	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:		_
	And bearing the second	b. Project	
Start Date Ending Date 4/2003 1/2004	a. Applicant Daniet 10	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EX	FCUTIVE
15. ESTIMATED FUNDING:		ORDER 12372 PROCESS?	20011
	\$ (/4/ 227		ne ne
a. Federal	1° 6AU, 000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MAI AVAILABLE TO THE STATE EXECUTIVE ORDER	12372
b. Applicant	\$	PROCESS FOR REVIEW ON:	
c. State	\$ 00	DATE BIZZIOZ	
o. o,a.c	00		
d. Local	\$ 86	b, No. PROGRAM IS NOT COVERED BY E. O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY	STATE
e. Other	\$	FOR REVIEW	
/ Barran Incomo	\$ 00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL	DEBT7
f. Program Income	DG		□No
g. TOTAL	s 840,000 o	Yes If Yes, attach an explanation	
18. TO THE BEST OF MY K	NOWLEDGE AND BELIEF, ALL DATA IN THIS A	PPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THI OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH	THE
DOCUMENT HAS REEN D	ULY AUTHORIZED BY THE GOVERNING BODY S IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized	Representative D. Title	c. Telephone Number	
d, Signature of Authorizad R	2MITH Project Y	() 18. Date Signed 1. 2.447	
1 Luca C	Man 2	O Standard Form 424 (Rev.	7-97)
Previous Edition Usable	•	Prescribed by OMB Circula	ar A-102

Previous Edition Usable

Authorized for Local Reproduction

		La DATE CUDATTE		OMB Approval No. 0348-0043	
APPLICATION OF THE PROPERTY AND A	ON FOR SSISTANCE	2. DATE SUBMITTED August 15, 2002		Applicant Identifier	
1. TYPE OF	OOIOTAITCE	3. DATE RECEIVED I	BY STATE	State Application Identifier	
SUBMISSION: Application	Preapplication				
Construction	☐ Construction	A DATE DECEMENT	DV-5505011 10511014		
☐ Non-Construction	□ Non-Construction □ Non-Construction □ 4. DATE RECEIVED			Federal Identifier	
5. APPLICANT INFO	DRMATION				
Legal Name: Port of Oakland			Organizational Unit: Port of Oakland A Commissioners	cting by and through its Board of Port	
Address (give city, coun	ty, state, and zip code)			nber of the person to be contracted on matters involving a code)	
530 Water Street			GI		
Oakland, CA 946	07		Christina Lee (510) 627-1510		
EMPLOYER IDENTIFIC	ATION NUMBER (EIN):	***************************************		T: (enter appropriate letter in box)	
9 4 _	1 7 4 6 3	1 2	A. State B. County	H. Interdependent School District I. State Controlled Institution of Higher Learning	
TVDE OF ARRIVO			C. Municipal D. Township	J. Private University K. Indian Tribe	
8. TYPE OF APPLICAT			E. Interstate F. Intermunicipal	L. Individual	
⊠ Ne	w Continuation Revis	ion	G. Special District	M. Profit Organization N. Other (Specify)	
If Revision, enter approp	priate letter(s) in box(es):			The state of the s	
A Increase Award D Decrease Duratio		ase Duration		M. Profit Organization N. Other (Specify)  AUG 1 9 2002	
			9. NAME OF FEDERAL	/	
				STATE CLEARING HOUSE	
10. CATALOG OF FEDERA ASSISTANCE NUMBER	L DOMESTIC		11. DESCRIPTIVE TITL	E OF APPLICANT'S PROJECT:	
TITLE: Airport Improve	2 0 . 1	0 6	1. Terminal 2 Building improvements for Baggage and		
Program (AIP) 12. AREAS AFFECTED	BY PROJECT (cities, counties, states, e	etc.):	Security Checkpoint Areas (Security Improvements)  2. Security System Interactive Information Database		
Con Francisco De	<b>A</b>		3. Overlay of Taxiway U		
San Francisco Ba	y Area		4. Construction of	Overlay of Taxiways D and A and Storm	
			Drain Improvemt	ns	
13. PROPOSED PROJE		DISTRICTS OF			
	a. Applicant 7		b. Pro 4	oject	
15. ESTIMATED FUND				STATE EXECUTIVE ORDER 12372 PROCESS	
a. Federal	\$ 9,298,000 .00			ATION WAS MADE AVAILABLE TO THE 372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 10,460,800 .00				
c. State	\$	DATE	: August 15, 2002		
d. Local \$ . b. NO		b. NO	PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other	\$ .		OR PROGRAM HAS NOT	BEEN SELECTED BY STATE FOR REVIEW	
f. Program income	\$ .	17. IS THE APPLICAN	T DELINQUENT ON ANY	FEDERAL DEBT?	
			s, attach an explanation	⊠ No	
AWARDED  AWARDED	GOVERNING BODY OF THE APPLICAN	ON ARE TRUE AND COR T WILL COMPLY WITH TH	RECT, THE DOCUMENT HAS BEEN DULY HE ATTACHED ASSURANCES IF THE ASSISTANCE IS		
a. Typed Name of Authorized Representative  Joseph K. Wong  b. Title  Director of Enginering				c. Telephone number (510) 627-1240	
d. Signature of Authorize				e. Date Signed	
125	man-			August 15, 2002	
Previous Editions Not Us	able U			Standard Form 424 (REV 4-88)	

APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED 8/15/02	Applicant Identifier		
	DITTIVEL		3. DATE RECEIVED BY STATE	State Application Identifier		
1. TYPE OF SUBMISSION		Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
Application  Construction Non-Construction		☐ Construction☐ Non-Construction☐	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMAT	ION	: D Non-Construction				
Legal Name: California Air			Organizational Unit: Administrative Services Division			
Legal Name. Camorina III	Action Double	IN EGEIVE	الما			
Address (give city, county, stat 1001 I Street P. O. Box 2815 Sacramento, CA 95812	te, and zip code):	AUG 1 9 2002	Name and telephone number of the person to be contact application (give area code) Valinda Debbs, Administrative Lynn Terry, 916) 322-8201 (916) 322-275	Program		
6. EMPLOYER IDENTIFICATION (EIN): STATE CLEARING HOL			7. TYPE OF APPLICANT: (enter appropriate letter here) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University			
8. TYPE OF APPLICATION:  XX New Continuation Revision  If Revision, enter appropriate letter(s) in box(es):   A. Increase Award  B. Decrease Award			D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organ G. Special District N. Other (Special			
C. Increase Duration Other Specify:			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency			
10. CATALOG OF FEDERAL			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
DOMESTIC ASSISTANC  TITLE: Air Pollut	E NUMBER: 66.00		Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other			
12. AREAS AFFECTED BY	PROJECT (cities, o	counties, states, etc.):	functions appropriate to achieve air quality	standards.		
State of Califo			AUG 1.9 2002			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:				
· Start Date	End Date	a. Applicant:		b. Project		
10/1/02	9/30/03	03	_	Statewide		
15. Estimated Funding:		<b>~</b>	16. IS APPLICATION SUBJECT TO REVIE 12372 PROCESS?	W BY STATE EXECUTIVE ORDER		
a. Federal		\$ 6,271,038.00	a. X YES. THIS PREAPPLICATION/APPLIC	CATION WAS MADE AVAILABLE		
b. Applicant		\$ 20,515,127.00	TO THE STATE EXECUTIVE ORDER ON:			
c. State		\$	DATE Signature date			
d. Local		\$	b. NO.			
e. Other		\$	PROGRAM IS NOT COVERED BY E OR PROGRAM HAS NOT BEEN SEL			
f. Program Income \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL 26,786,165.00			☐ Yes If "Yes" attach an explanation.	X No		
BEEN DULY AU	F MY KNOWLED THORIZED BY TI CE IS AWARDED.	GE AND BELIEF. ALL DATA IN THIS APP HE GOVERNING BODY OF THE APPLICAN	LICATION/PREAPPLICATION ARE TRUE AND COR IT AND THE APPLICANT WILL COMPLY WITH THI	RECT, THE DOCUMENT HAS E ATTACHED ASSURANCES IF		
a. Typed Name of Authorized Representative.  Lary Morris			b. Title: Chief, Administrative Services	c. Telephone Number (916) 322-8198		
d. Signature of Authorized Representative				e. Date signed		
1h				111		
Previous Editions Not Usable				Standard Form 424A (REV 4-88		

1. TYPE OF SUBMISSION Application Propagation of Description of Description Propagation of Description of Description Propagation of Description of De	APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED 8/15/02	Applicant Identifier		
O COMBINATION  O COMBINION  A DATE RECEIVED BY PEDERAL AGENCY Federal Identifier  A PROCESSION  APPLICANT INFORMATION  Legal Name: California Air Resources Sound  Address (give else, county, state, and zip code) P. G. Bits 2115  Author 1. Severe P. G. Bits 2115  SETTIFICATION (GIN):  STATE CLEARING HOUSE  8. TYPE OF APPLICANT: (gener agreement involving dis- STATE CLEARING HOUSE)  STATE CLEARING HOUSE  8. TYPE OF APPLICANT: (gener agreement involving dis- STATE CLEARING HOUSE)  STATE CLEARING HOUSE  8. TYPE OF APPLICANT: (gener agreement involving dis- STATE CLEARING HOUSE)  STATE CLEARING HOUSE  STATE CLEARI				3. DATE RECEIVED BY STATE	State Application Identifier		
S. APPECANT INFORMATION  Legal Name: California Air Recourses Board  Address (give city, conny, state, and ajo code):  D. B. B. W. B	Application		Preapplication				
S. APPLICANT INFORMATION  Legal Name: California Air Resources Board  Address (give eds), coacy, sizes, and ago code:  P. O. Box 2815  Security of the Communication of the California Air Resources Board  Address (give eds), coacy, sizes, and ago code:  P. O. Box 2815  Security of the California Air Resources Board  Address (give eds), coacy, sizes, and ago code:  P. O. Box 2815  SETATE CLEARING HOUSE  8. TYPE OF APPLICATION (ens.: Experimental Security of the California Air Califor			•	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
Logal Name: Culifornia Air Resources Board   Organizational Units Administrative Services Division		AATION	i D Non-Construction	<u> </u>	<u> </u>		
Address (give city, cauto, state, and 20 code):  JOH 1 Street P. O. Rice 2815 Secretaria. CA 5912  6. EMPLOYEE IDENTIFICATION (EIN): 6. STATE CLEARING HOUSE  8. TYPE OF APPLICANT: (never appropriate leave the bird) A. A. State B. State Control of the part of the particular of Higher Learning C. Managing J. P. Private Times and preparation (Higher Learning Control of Higher Learning Control of Hig				Organizational Unit: Administrative Services Division			
STATE CLEARING HOUSE  8. TYPE OF APPLICATION: (enter appropriate letter for the control of Higher Learning C. Ministryal D. Township E. International N. Revision  18. TYPE OF APPLICATION: New Continuation XX Revision  18 Revision. enter appropriate letterfol in bootes: 0 A. D. Decrease Award  A. Increase Award D. Decrease Award  C. Increase Duration D. Decrease Duration  Other Special?  10. CATALOG OF FEDERAL  DOMESTIC ASSISTANCE NUMBER: 66.00!  TITLE: Air Pollution Control Frogram Support  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Saar Of California  12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  Saar of California  13. PROPOSED PROJECT:  Saar Date  End Date  14. CONGRESSIONAL DISTRICT OF:  Saar Date  Saar Applicant  15. Federal  S. Applicant  S. ROSSIANCE NUMBER: 66.00!  Program Income  S. Saar Date  S. B. 389-674-00  S. ROSGRAM INAN PULL TITLE OF APPLICANTON WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSIS  A. Applicant  S. Project  Saar Date  S. B. Applicant  S. Coder  S. B. Applicant Delivery of Coder S. Saar-Saar-Saar-Saar-Saar-Saar-Saar-Saar	Address (give city, county 1001 I Street P. O. Box 2815			application (give area code) Valinda Debbs, Administrative Lynn Terry	. Program		
S. TYPE OF APPLICATION X Revision   II Revision, enter appropriate intension   IX No.   Special District   No.   Other (Specify):	6. EMPLOYER IDENTIFICATION (EIN): 68-0288069			A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning			
Other Specify  9. NAME OF FEDERAL AGENCY. Environmental Procession Agency  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE. Air Pollution Control Program Support  11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program for the control of air pollution intensisors as mandated by state and federal but, review of local air regional air pollution control efforts, and other functions appropriate to achieve air quality standards.  12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  State of California  13. PROPOSED PROJECT:  14. CONGRESSIONAL DISTRICT OF:  Start Date End Date a. Applicant: 10. J. Project Soutewide  15. Estimated Funding:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSS  17. STATE SEARCH LAGENCY.  DATE Signature date  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICANT DONAPELICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION. ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  18. To THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION. ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  19. DATE STATE EXECUTIVE ORDER 22-79. PS.  17. IS THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  2. TOTAL  3. Signature of Authorized Representative  2. Total Control of Authorized Representative  2. Total Control of Authorized Representative  3. Total Control of Authorized Representative  4. Check Administrative Services  17. SIGNATURE OF AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICATION	New C If Revision, enter appropri A. Increase A	Continuation XX R ate letter(s) in box(es): ward B. Decrease	□ A □ Award	F. Intermunicipal M. Profit Organ			
DOMESTIC ASSISTANCE NUMBER: 66.001  TITLE: Air Pollution Control Program Support  12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  State of California  13. PROPOSED PROJECT:  Start Date End Date a. Applicant:  14. CONGRESSIONAL DISTRICT OF:  Start Date End Date a. Applicant:  15. Estimated Funding:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSES  17. State \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	V. 111111111111111111111111111111111111						
TITLE: Air Pollution Control Program Support    12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):    13. PROPOSED PROJECT:	10. CATALOG OF FEDERAL			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
State of California				federal law, review of local and regional air pollution control efforts, and other			
Start Date   End Date   a. Applicant:   b. Project   14. CONGRESSIONAL DISTRICT OF:   Start Date   End Date   a. Applicant:   b. Project   Statewide   101/101   9/30/02   03   Statewide   15. Estimated Funding:   16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?   a. X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:   DATE   Signature date   S.   DATE   Signature date   S.   DATE   Signature date   S.   NO.   PROGRAM HAS NOT COVERED BY E.O. 12372   PROCESSES FOR REVIEW   S.   Program Income   S.   17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?   G. Yes If "Yes" attach an explanation.   X. NO.   Yes If "Yes" attach an explanation.   X. NO.   THE ASSISTANCE IS AWADED.   A. Typed Name of Authorized Representative   D. Title:   C. Telephone Number   Chief, Administrative Services   C. Date Magnet	12. AREAS AFFECTED	BY PROJECT (cities,	counties, states, etc.):				
Start Date End Date 9/30/02 03 Statewide  15. Estimated Funding:  a. Federal \$ \$ 8,309,674.00 b. Applicant \$ \$ 20,515,127.00 c. State \$ \$ DATE Signature date  d. Local \$ \$ NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  f. Program Income \$ \$ 28,824,801.00 c. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  d. Signature of Authorized Representative  b. Title:  c. Telephone Number (2916) 322-3198 c. Days graver of Authorized Representative c. Days graver (2916) 322-3198 c. Days grav	State of C	alifornia		AUG 7.9 200			
15. Estimated Funding:  a. Federal  b. Applicant  c. State  d. Local  e. Other  f. Program Income  g. TOTAL  s. 28,324,801.00  s. 28,324,801.00  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE Signature date  b. NO. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  f. Program Income  g. TOTAL  s. 28,324,801.00  TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULTY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THIS ASSISTANCE IS AWARDED.  d. Signature of Authorized Representative  d. C. Telephone Number (916) 322-9198  d. Signature of Authorized Representa	13. PROPOSED PROJEC	CT:	14. CONGRESSIONAL DISTRICT OF:				
15. Estimated Funding:  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Federal  5. 8,309,674.00  b. Applicant  5. 20,515,127.00  c. State  5. DATE  DATE  Signature date  6. NO.  PROGRAM IS NOT COVERED BY E.O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  7. Program Income  7. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  12372 PROCESS?  a. X YES. THIS PREAPPLICATION/APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:  DATE  Signature date  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  9. TOTAL  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  2. Typed Name of Authorized Representative  3. Typed Name of Authorized Representative  4. Signature of Authorized Representative  5. Title:  C. Telephone Number (916) 322-9198  6. Data Representative  C. Data Representative  Description:  1. Signature of Authorized Representative  C. Data Representativ	Start Date	End Date	a. Applicant:		b. Project		
a. Federal \$ 8,309,674.00 b. Applicant \$ 20,515,127.00 c. State \$ DATE Signature date  d. Local \$ DATE Signature date  b. NO.  PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  g. TOTAL \$ 28,824,801.00  TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative  b. Title:  C. Telephone Number (916) 322-9198  c. Date Signature Services  c. Page Signature Signature Services  c. Page Signature Signature Services  d. Signature of Authorized Representative	10/1/01	9/30/02	03		Statewide		
b. Applicant  s 20,515,127.00  c. State  s  d. Local  e. Other  s  DATE  Signature date  b. NO.  PROGRAM IS NOT COVERED BY E.O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  f. Program Income  s  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  g. TOTAL  s  28,824,801.00  19 Yes If "Yes" attach an explanation.  X No  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative  b. Title:  C. Telephone Number  (916) 322-9198  c. Data riguet  c. Data r	15. Estimated Funding:		T		W BY STATE EXECUTIVE ORDER		
c. State  d. Local  e. Other  s  DATE Signature date  b. NO.  PROGRAM IS NOT COVERED BY E.O. 12372  OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  f. Program Income  s  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  g. TOTAL  s  28.824,801.00  Program Income  s  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  g. TOTAL  s  28.824,801.00  Program Income  s  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative  b. Title:  C. Telephone Number (916) 322-9198  c. Date Regret  c. D	a. Federal		\$ 8,309,674.00				
d. Local S  b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  f. Program Income S  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  g. TOTAL S  28.824,801.00 Pres If "Yes" attach an explanation. X No  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative  b. Title: C. Telephone Number (916) 322-9198  c. Data Aignation	b. Applicant		\$ 20,515,127.00		12372 PROCESSES FOR REVIEW		
e. Other  \$ PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  f. Program Income  \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  g. TOTAL  \$ 28.824,801.00 Press attach an explanation. X No  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative.  b. Title: Chief, Administrative Services  c. Telephone Number (916) 322-9198  d. Signature of Authorized Representative  e. Data signation  e. Data signation  g. Chief, Administrative Services  c. Telephone Number (916) 322-9198	c. State		\$	DATE Signature date	nama.		
e. Other  S OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  9. TOTAL  S 28,824,801.00 Pes If "Yes" attach an explanation. X No  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative. Larry Mortis  d. Signature of Authorized Representative  c. Telephone Number (916) 322-9198  e. Date signation  Chief, Administrative Services  e. Date signation  Explored the service of	d. Local		\$		CO 12272		
g. TOTAL  S  28,824,801.00  Per If "Yes" attach an explanation.  X No  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative.  Larry Mortis  b. Title: C. Telephone Number (916) 322-9198  d. Signature of Authorized Representative  e. Data signed  e. Data signed  e. Data signed	e. Other \$		\$				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative.  b. Title:  C. Telephone Number (916) 322-9198  d. Signature of Authorized Representative  e. Data Signation	f. Program Income \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  a. Typed Name of Authorized Representative.  b. Title: Chief, Administrative Services  c. Telephone Number (916) 322-9198  d. Signature of Authorized Representative  e. Data Signat	g. TOTAL \$ 28,824,801.00			☐ Yes If "Yes" attach an explanation.	X No		
d. Signature of Authorized Representative  e. Date Signat  e. Date Signat  find the first of Authorized Representative  e. Date Signat  find the first of Authorized Representative	BEEN DULY	AUTHORIZED BY T	HE GOVERNING BODY OF THE APPLICAN	PLICATION/PREAPPLICATION ARE TRUE AND COINT AND THE APPLICANT WILL COMPLY WITH THE	RRECT, THE DOCUMENT HAS E ATTACHED ASSURANCES IF		
8/18/02	a. Typed Name of Authorized Representative.						
	d. Signature of Authorize	d Representative			e. Date signed or		
Previous Editions Not Usable Standard Form 424A (REV 4-2					Standard Form 424A (REV 4-88		